



Filing of this completed application and fee is required of gasoline retailers by 1984 Public Act 44, to obtain a license. **This license is non-transferable.**

Motor Fuels Retail Outlet License Application

License Year Ending: _____ Status: ☐ New ☐ Renewal ☐ No Longer Needed

Establishment Number: _____

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____

County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____

Mailing address if different from above: Street or P.O. Box: _____

Blank Space
For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information

Ownership Type: ☐ Sole Ownership ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation

Corporate Name: _____

Owner/President (CEO)/Partner Name: _____ Date of Birth: ____/____/____
This application CANNOT be processed without date(s) of birth.

Home Address of Owner: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone Number: (____) _____

Federal/Tax ID #

Complete MI Resident Agent (Corp) for out of state firms/ or Partner/ Joint Tenant Name on reverse side.

License Fees

AOBJ: 0234

\$100.00 Fee

Did ownership change within the last year? ☐ Yes (Requires new license) ☐ No

New Owner's name: _____

Date ownership changed: ____/____/____ Anticipated opening date of business: ____/____/____

Is establishment a seasonal motor fuel business? ☐ Yes ☐ No

Dates of operation: _____ to _____

Grades of Gasoline: _____ Quantity _____ Grades of Diesel Fuel: _____ Quantity _____

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

I certify the above information to be accurate and complete. This application CANNOT be processed without a signature and date.

Authorized Signature: _____ Date: _____

Print your name here: _____

Title: _____

Application continues
on the back of this form

Establishment Number

Additional Corporate/Joint Tenant/Partnership Information (Need home address/ birthday for each owner)

Ownership Type: ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation

MI Resident Agent (Corp) : _____ Date of Birth: ____/____/____
This application CANNOT be processed without date(s) of birth.

Home Address : _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: (____) _____ Cell Phone Number: (____) _____

Additional Corporate/Joint Tenant/Partnership Information (Need home address/birthday for each owner)

Ownership Type: ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation

Partner A: _____ Date of Birth ____/____/____
This application CANNOT be processed without date(s) of birth.

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: (____) _____ Cell Phone Number: (____) _____

Partner B: _____ Date of Birth: ____/____/____

This application CANNOT be processed without date(s) of birth.

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: (____) _____ Cell Phone Number: (____) _____